



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

21 September 2018

Ronald Wyatt, MD, Chief Quality Officer



Quality – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Stroger															
Core Measures															
Venous Thromboembolism (VTE) Prevention Only (%)	85**	85**	86**	86**	86**	88**	86**	87**	87**	87**	90**	86**	89**	99	-10%
Care for Stroke Patients (%)	94	97	93	90	92	98	90	93	99	99	98	96	96	100	-4%
Influenza Vaccination (%)	**N/S	**N/S	**N/S	43	66	58	58	78	85	**N/S	**N/S	**N/S	**N/S	90	-5%
Efficiency - Operating Room															
Surgery Begins at Scheduled Time (%)	72***	66***	59***	63***	66***	65***	68***	67***	55***	63***	63***	64***	61***	80	-19%
OR Room Turn Around Time (minutes)	55***	61***	69***	69***	65***	65***	62***	64***	63***	68***	62***	65***	67***	30	123%

LEGEND

* Data represents automated collection

** VTE reported from Qtrly eCQM

**** Under Revision

***OR Times revised data collection

**** Pt Experience revised 6mo data collection

* Variance is target to recent month

* N/S: Not Sufficient data collected

**N/S: Pneumococcal no longer being measured



Quality – Provident

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Provident															
<i>Core Measures</i>															
Venous Thromboembolism (VTE) Prevention Only (%)	96**	94**	95**	96**	100**	100**	100**	100**	100**	98**	100**	100**	100**	99	1%
Influenza Vaccinations (%)	** N/S	**N/S	**N/S	97	100	95	95	97	100	**N/S	**N/S	**N/S	**N/S	90	10%
<i>Efficiency - Operating Room</i>															
Surgery Begins at Scheduled Time (%)	91	85	84	79	87	73	74	74	81	90	84	91	74	80	-6%
OR Room Turn Around Time (minutes)														30	

LEGEND	
* Data represents automated collection	
** VTE reported from Qtrly eCQM	
**** Under Revision	
***OR Times revised data collection	
**** Pt Experience revised 6mo data collection	
* Variance is target to recent month	
* N/S: Not Sufficient data collected	
**N/S: Pneumococcal no longer being measured	



Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Safety															
HAC: Pressure Ulcer Stages III & IV	4	4	7	3	3	5	8	1	2	5	2	2	1		
HAC: Falls with Injury	2	3	2	6	4	3	6	8	3	6	0	4	9		
HAI: CLABSI	0	1	0	0	0	0	2	1	1	0	1	0	2		
HAI: CAUTI	3	5	1	0	0	0	0	0	1	1	2	1	0		
HAI: C.difficile	0	8	5	6	4	2	6	4	2	6	11	4	5		
HAI: MRSA	0	1	0	1	0	0	2	0	2	0	0	0	0		
HAI: SSI	2	0	0	1	2	1	*****	*****	*****	*****	*****	*****	*****		

LEGEND

HAC: Hospital Acquired Conditions
HAI: Hospital Acquired Infections
HAI CLABSI: Central line-associated blood stream
HAI CAUTI: Catheter-associated urinary tract infections
HAI C.diff: Clostridium difficile Infection (CDI)
HAI MRSA: Methicillin Resistant Staphylococcus aureus
HAI SSI: Surgical Site Infection



Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Patient Experience															
Willing to Recommend Hosp (% top box)	71	73	68	63	69	63	67	61	76	70	73	68	68	85	-17%
Communication with Doctors (% top box)	84	86	81	82	78	79	82	80	86	80	79	82	78	88	-10%
Communication with Nurses (% top box)	71	70	68	70	59	64	63	65	73	68	65	64	63	86	-23%
Cleanliness (% top box)	51	55	48	55	49	51	59	56	63	43	60	59	55	77	-22%

LEGEND

**** Pt Experience revised 6mo data collection

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Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018						TARGET	VARIANCE *	
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018					Q3 2018
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			Jul
Patient Experience															
Willing to Recommend Hosp (% top box)	71****						67****						N/S	85	-18%
Communication with Doctors (% top box)	85****						83****						N/S	88	-5%
Communication with Nurses (% top box)	81****						71****						N/S	86	-15%
Cleanliness (% top box)	63****						72****						N/S	77	-5%

LEGEND

**** Pt Experience revised 6mo data collection

* Variance is target to recent month

* N/S: Not Sufficient data collected



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

CCHHS Board QPS Committee

ACHN

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
ACHN															
HEDIS Measures															
Lead Screening Status in Children at 2 years	73	68	72	62	59	48	70	72	61	60	58	63	59	80	-21%
Well Child Visits first 15 months	55	42	36	31	18	27	39	39	31	40	37	36	34	75	-41%
Immunizations: Up to date in children at 24 months	81	76	80	79	81	73	42*	37*	30*	37*	30*	30*	36	77	-41%
Diabetes Control % with Hgb A1C >9%	77	76	77	77	78	77	36*	36*	37*	38*	38*	39*	39*	35	-4%
Diabetes - Annual Retinal Eye Exam	32	31	30	30	29	29	33	35	35	35	34	33	33	63	-30%
Diabetes - Annual Nephropathy Screen	86	86	84	83	83	81	90	90	89	88	88	87	86	85	1%
Patient Experience															
Moving Through Visit (mean)	65	66	68	68	72	67	70	70	67	66	69	66	71	75	-4%
Telephone Access (mean)	58	64	64	60	62	68	67	68	64	56	63	62	64	75	-11%
Cleanliness of Practice (mean)	84	87	86	88	88	84	87	85	85	82	82	88	85	77	8%

LEGEND

* Data is being reported from HEDIS Data



Board Quality Dashboard

CCHHS QPS Committee Dashboard	CCHHS Board Metrics - Quality							
Data as of 9/13/2018							TARGET	VARIANCE*
PERFORMANCE MEASURES	CY2017			CY2018				
	2Q17	3Q17	4Q17	1Q18	2Q18	3Q18		
						July		
Stroger								
Core Measures	Monthly Composite							
Venous Thromboembolism (VTE) Prevention Only (%)	84**	85**	86**	87**	88**	89**	99%	-11%
Efficiency - Operating Room	Monthly %							
Surgery Begins at the Scheduled Time (%)	72***	66***	65***	63***	63***	61***	80%	-17%
Safety	Total # of Events							
Events: Ulcers, Falls, CLABSI, CAUTI, C. diff, MRSA and SSI	49	48	41	49	45	17		
Patient Experience								
Willing to Recommend Hosp (% top box)	72	70	67	68	70	68	85%	-15%
Provident								
Core Measures								
Venous Thromboembolism (VTE) Prevention Only (%)	96**	94**	99**	100**	99**	100**	99%	0%
Efficiency - Operating Room	Monthly %							
Surgery Begins at the Scheduled Time (%)	85	87	80	76	88	74	80%	8%
Patient Experience								
Willing to Recommend Hosp (% top box)	55****	71****		67****		N/S	85%	-18%
ACHN								
Diabetes Control % with Hgb A1C >9%	73	78	77	36	38*	39*	35%	-3%
Patient Experience: Moving Through Visit (mean)	68	68	69	69	67	71	75%	-8%
Patient Experience: Telephone Access (mean)	63	62	63	66	60	64	75%	-15%
Cleanliness of Practice (mean)	84	86	87	86	84	85	77%	7%

LEGEND

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